

Vermont Care Partners Input on S47

House Judiciary, April 21, 2023

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Representing Vermont's Network of Designated Agency Crisis Programs

NCSS: Northwestern Counseling & Support Services www.ncssinc.org

NKHS: Northeast Kingdom Human Services www.nkhs.org

GMSS: Green Mountain Support Services www.gmssi.org

LCMHS: Lamoille County Mental Health Services www.lamoille.org

CCS: Champlain Community Services www.ccs-vt.org

HC: Howard Center www.howardcenter.org

NFI: Northeastern Family Institute, NFI Vermont, Inc. www.nfivermont.org

WCMHS: Washington County Mental Health Services www.wcmhs.org

CSAC: Counseling Service of Addison County www.csac-vt.org

CMC: Clara Martin Center www.claramartin.org

UVS: Upper Valley Services www.uvs-vt.org

LSI: Lincoln Street, Inc. www.lincolnstreetinc.org

RMHS: Rutland Mental Health Services / Community Care Network www.rmhsccn.org

HCRS: Health Care & Rehabilitation Services www.hcrs.org

UCS: United Counseling Service of Bennington County www.ucsvt.org

FFSV: Families First in Southern Vermont www.familiesfirstvt.org





Inaccuracies and inconsistencies in the current mental health warrant statute have created confusion among providers and first responders, and as a result have delayed care for Vermonters.

Our goal:

- To clean up language to prevent confusion in the field

Our goal is not:

- To alter the rights of any Vermonter subject to this statute
- To assign additional expectations of law enforcement, judiciary, the Department of Mental Health, or any other party

History:

The current warrant statute was written in 1967 in the context of no-refusal system with a state hospital. Since 2011, Vermont's mental health system for inpatient care has evolved to a decentralized system, with the Emergency Department operating as the site for assessment and medical clearance.

Problem:

- The language in the current statute does not reflect current practice and fails to outline clearly who has the authority and/or responsibility to provide transportation for patients needing involuntary treatment and to which locations.
- This has resulted in situations where warrants or Emergency Examinations [EEs] have not been actioned, adding unnecessary delays in care for people in need of treatment, and unnecessary trauma for their families and communities.
- It has also led to unsafe situations for mental health providers practicing in the community.



VCP convened a workgroup between March and September of 2022.

Workgroup attendees included representatives from the Department of Mental Health, the Department of Public Safety, Team Two, VT Psychiatric Survivors, Mad Freedom, NAMI-VT, Disability Rights VT, VT Mental Health Law Project, the Vermont State's Attorneys' Association, the Vermont Judiciary and two designated agencies, Clara Martin Center and Howard Center. We also invited input from the Vermont Association of Hospitals and Health Systems [VAHHS].

We also held an open stakeholder meeting this fall.

Revisions to the statute will help in the field:

7505(b):

- We support this revision that indicates that only law enforcement, not Qualified Mental Health Professionals, can take a person into temporary custody

7505(d):

“The law enforcement officer, or a mental health professional if clinically appropriate, may transport the person to a hospital, police barracks, or another safe location”

7511(d)

“A law enforcement vehicle shall have soft restraints available for use as a first option, and mechanical restraints shall not be used as a substitute for soft restraints if the soft restraints are otherwise deemed adequate for safety.”

- Soft restraint language came from workgroup discussion
- We support this language



We have concerns about Vermont Legal Aid's proposed language that requires a signed affidavit from a witness if the writer of the warrant application did not personally observe the behavior:

- Safety
- Timeliness
- Current process is a team approach

Revised language will help us in the field

An updated warrant statute is needed for clarity in the field and to support training.

Thank you!